AMENDMENTS TO THE SPECIFICATION

Please amend the specification by inserting before the first line the following sentence:

This application is a continuation of U.S. Application No. 09/869,122, filed June 25, 2001, which is a 371 of PCT/JP99/07236, filed December 22, 1999, the disclosures of both of which are incorporated herein by reference.

Please amend the paragraph at page 2, line 16, through page 3, line 6, as follows:

In treating multiple myeloma, use is mainly made of chemotherapies (MP therapy, VAD therapy, C-VAD therapy, polypharmacy, etc.) and chemotherapy with the use of IFN-α. Also, topical radiotherapy and the like are selected depending on the bone lesion conditions (~~ibid.,~~ Clinical Oncology, edited by Japan Clinical Oncology Group, published in 1996 by Gan to Kagakuryoho Sha). As the results of the long-term observation on patients with multiple myeloma under chemotherapy, it is reported that a bone resorption marker in urine did not correlate to changes in M proteins due to chemotherapy in many cases, though a tendency toward a decrease in the bone resorption marker was observed in a chemotherapy reaction group showing a decrease of 25% or more in M proteins (Blood, 90, 3743-3750, 1997). Therefore, it becomes more and more necessary to establish a novel therapy for bone lesions accompanying multiple myeloma from the viewpoint of patients' QOL.

Please amend the paragraph at page 4, line 15, through page 5, line 13, as follows:

Recently, studies have been made on the anticancer effects of BP's and it is reported that several BP's have an effect of inhibiting cell proliferation *in vitro* (Britishi J. Haematology, 98, 665-672, 1997), though any clinical usefulness has been proved in none of these cases and some reports rather denying the anticancer effect of BPs are also presented. That is to say, it is reported that pamidronate has been used in a murine model of myeloma, and although no effect on tumor growth was demonstrated, there was evidence of a cytotoxic effect within the bone marrow. It is also reported that risedronate has been used in a murine model of myeloma; however, although there was a clear reduction in bone destruction, no effect on tumor burden was noted (Leukemia and Lymphoma, 32,129-138, 1998). In a patient who was intravenously administered in a higher dose than in prior clinical studies, a transient decrease in a cancer marker was observed. However, it is reported that it is possible

that for a cytostatic or even cytotoxic effect to occur, higher dose or more frequent administration of pamidronate is required compared to dosing for its beneficial bone effects (Britishi J. Haematology, 103, 530-532, 1998). Accordingly, it has never been reported hitherto that BPs exert an anticancer effect (i.e., a therapeutic effect on multiple myeloma) in patients with multiple myeloma.

Please amend the paragraph at page 14, lines 3-9, as follows:

In case of usual oral administration, the daily dose ranges from about 1 to 20 mg, preferably from about 3 to 10 mg and still preferably from about 6 to 9 mg~~/kg~~. The daily dose is administered once a day or divided into 2 to 4 doses per day. The dose may be appropriately determined case by case taking the body weight, conditions, age, sex, etc. of the patient into consideration.

Please amend the paragraph at page 14, lines 10-18, as follows:

In case of intravenous administration, the single dose ranges from about 0.1 to 10 mg, preferably from about 0.1 to 5 mg and still preferably from about 0.5 to 2 mg~~/kg~~. The composition can be intravenously dripped in this dose once in 2 to 6 weeks, preferably once in 3 to 5 weeks and still preferably once in 4 weeks over 10 to 60 minutes (preferably 30 minutes). The dose may be appropriately determined case by case taking the body weight, conditions, age, sex, etc. of the patient into consideration.

Please amend the paragraph at page 15, lines 1-9, as follows:

Fig. 1 is a diagram which shows the bone resorption inhibition level with the use of urinary deoxypyridinoline level as a marker. Each column in this figure represents mean ± standard error. Number of mice is indicated in columns. Comparisons with the sham-operated group and the solvent group with paralysis in hind limb were performed with the Student's t-test. * significantly different from the solvent group with paralysis in hind limb. (**: Dunnett's multiple range test, $p<0.01$).

Please amend the paragraph at page 15, lines 13-22, as follows:

Fig. 3 shows changes in urinary Dpyr level (a bone resorption marker) in 4 weeks after the oral administration of the compound A (6 mg/day) in Example 5. In this figure, the abscissa indicates time (weeks) after the start of the administration, while the ordinate indicates the Dpyr level referring the Dpyr level before the administration as to 100%. The

pamidronate data in this figure correspond to the clinical data of the intravenous injection of pamidronate (90 mg/4 weeks) (Lipton, A., Eur. J. Cancer, Vol. 34, 2021, 1998).